

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

JOEL MARCHESE FOR CONGRESS

ADDRESS (number and street)

P. O. BOX 65

Check if different  
than previously  
reported. (ACC)

LAKESIDE

CA

92040

2. FEC IDENTIFICATION NUMBER ▼

C C00547745

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CA

53

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
06 / 03 / 2014in the  
State of

CA

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2014

through

M M / D D / Y Y Y Y  
05 / 14 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maha Mousa

Signature of Treasurer

Maha Mousa

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
05 / 22 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**JOEL MARCHESE FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1160.00	8555.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1160.00	8555.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2426.22	5724.65
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	2426.22	5724.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1090.35	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 7

Write or Type Committee Name

**JOEL MARCHESE FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

710.00

4510.00

(ii) Unitemized.....

450.00

3845.00

(iii) TOTAL of contributions from individuals ▶

1160.00

8355.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

200.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

1160.00

8555.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

1160.00

8555.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 7

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2426.22	5724.65
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	1740.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2426.22	7464.65

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2356.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1160.00
25. SUBTOTAL (add Line 23 and Line 24).....	3516.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2426.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1090.35

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 7

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JOEL MARCHESE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Teri Durbin**

Mailing Address 8861 Los Coches Road

City

Lakeside

State

CA

Zip Code

92040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sempra Utilities

Occupation

Public Relations

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

**Bohdan Knianicky**

Mailing Address 4272 Merritt Blvd.

City

La Mesa

State

CA

Zip Code

91941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		25		2014

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**Brian Strait**

Mailing Address 4217 Collwood Lane

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired Military

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional).....

710.00

**TOTAL** This Period (last page this line number only).....

710.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 7

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JOEL MARCHESE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Gravis Marketing Strategies**

Mailing Address 910 Belle Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

City	State	Zip Code
Winter Springs	FL	32708

Amount of Each Disbursement this Period

Purpose of Disbursement

260.00
--------

Transaction ID : SB17.4266

Candidate Name

**JOEL MARCHESE FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: CA District: 53

Full Name (Last, First, Middle Initial)

**B. Gravis Marketing Strategies**

Mailing Address 910 Belle Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

City	State	Zip Code
Winter Springs	FL	32708

Amount of Each Disbursement this Period

Purpose of Disbursement  
Robo Calls

122.79
--------

Transaction ID : SB17.4267

Candidate Name

**JOEL MARCHESE FOR CONGRESS**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: CA District: 53

Full Name (Last, First, Middle Initial)

**C. Minuteman Printing**

Mailing Address 1654 Pioneer Way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

City	State	Zip Code
El Cajon	CA	92020

Amount of Each Disbursement this Period

Purpose of Disbursement  
Printing Misc.

228.51
--------

Transaction ID : SB17.4255

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

611.30

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 7

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JOEL MARCHESE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Minuteman Printing**

Mailing Address 1654 Pioneer Way

City	State	Zip Code
El Cajon	CA	92020

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

1489.26
---------

Transaction ID : SB17.4256

**B. Minuteman Printing**

Mailing Address 1654 Pioneer Way

City	State	Zip Code
El Cajon	CA	92020

Purpose of Disbursement  
Printing expense

Candidate Name

**JOEL MARCHESE FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: CA

District: 53

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2014

Amount of Each Disbursement this Period

125.66
--------

Transaction ID : SB17.4259

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1614.92

2226.22